MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO. 565479 10/

FILING DATE

							CLAIM	S						
	AS FILED		AFTER		AFTER				AS FILED		AFTER		AFTER	
	IND. DEP.		IND. DEP.		2 MAMENDMENT						I"AMENDMENT IND. DEP.		2 MAMENDMENT	
1	IND.	DEP.	IND.	DEP.	IND.	DEP.	1	51	IND.	DEP.	IND.	DEP.	IND.	DEP.
2								52					-	_
3								53						
4								54						
<u>5</u>		 						55						
7	-	 }-						56 57	_					
8			-					58						-
9								59						
10								60						
11		-						61						
12 13								62 63						
14								64						
15								65						
16								66						
17								67						
18 19								68						
20								69 70					-	
21								71						
22								72						
23								73						
24		ļ						74						
25 26								75 76						
27								77	-				-	
28					-			78						
29								79						
30								80						
31 32			-		•			81	***					
33		 						82 83						
34						· · · · · · · · · · · · · · · · · · ·		84						
35								85						
36								86						
37 38								87						
39								88 89						-
40	·							90						
41								91						
42								92						
43		 						93						
44		 						94						
46								95 96						
47								97						
48								98						
49								99						
50 TOTAL								100						
IND.	/	🖊		♣				TOTAL IND.		-		♣		•
TOTAL DEP.	6	′		-		-		TOTAL DEP.		4		(4
TOTAL	7							TOTAL				7217		
CLAIMS	L			新 居民的				CLAIMS		U.S. DEPAR	TMENT of C			3.54.5.54
PTO - 136	0 (REV. 11/0	94)									rademark Of			